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OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden

hours per response.....16

FORM D



# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Filing Under (Check box(es apply):	s) that [ ] Rule 504 [ ] Rule 505 [X] Rule 506	[ ] Section 4(6) [ ] ULOE
Type of Filing: [ X ] New Fili	ing [ ] Amendment	PROCES
	A. BASIC IDENTIFICATION DATA	AUG 162
1. Enter the information req	uested about the issuer	THOMSO FINANCIA
Name of Issuer (check if thi CapitalSoft, Inc.	is is an amendment and name has changed, and ir	ndicate change.)
Address of Executive Office Number (Including Area Co		Telephone
1302 E. Collins Blvd	(214) 576-9868	
Address of Principal Busine Number (Including Area Co		ip Code) Telephone
(if different from Executive 0		
(if different from Executive (  Brief Description of Busines	ss at encompass network design through operation.	
(if different from Executive (  Brief Description of Busines	at encompass network design through operation.	
(if different from Executive ( Brief Description of Busines Provide services the	at encompass network design through operation.	[ ] other (please specify):

### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

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Check Apply:	Box(es) that [ ] Promoter [X	] Beneficial Owner	 Executive Officer	[X]	Director	[]	General and/o Managing Partner
Full Na	ame (Last name first, if individua Slagel, Gary	al)					
Busine	ss or Residence Address (Num 1876 Firman Drive, Richardso		tate, Zip Code	∍)			
Check Apply:	Box(es) that [ ] Promoter [X	] Beneficial Owner	Executive Officer	[]	Director	[]	General and/o Managing Partner
Full Na	ıme (Last name first, if individua Ashrafi, Solyman	ai)		,,,		•••••••••••••••••••••••••••••••••••••••	
Busine	ss or Residence Address (Num 1302 E. Collins Blvd., Richard		tate, Zip Code	<del>)</del>			
Check Apply:	Box(es) that [ ] Promoter [ ]	Beneficial Owner	kecutive fficer	[X]	Director	[]	General and/o Managing Partner
Full Na	me (Last name first, if individua Matthew Blanton	al)	 Allering any party in the state of the state		***************************************		
Busine	ss or Residence Address (Num 1302 E. Collins Blvd., Richard		tate, Zip Code	<del>)</del>			
Check Apply:	Box(es) that [ ] Promoter [ ]	Beneficial Owner	kecutive fficer	[X]	Director	[]	General and/o Managing Partner
Full Na	me (Last name first, if individua Kevin Jacques	al)	**************************************				
	ss or Residence Address (Num Two Galleria Tower, Suite 1670						and the second s
		<del></del>	 				

Check Box(es) that [ ] Apply:	Promoter [] Beneficial Owner	[ ] Executive Officer	[X] Director []	General and/or Managing Partner
Full Name (Last name firs	·			
	ddress (Number and Street, 302 Collins Blvd, Richardsor	• .	le)	
Check Box(es) that [ ] Apply:	Promoter [ ] Beneficial Owner	[X] Executive Officer	[ ] Director [ ]	General and/or Managing Partner
Full Name (Last name firs Millsap, Wayne	t, if individual)			
	ddress (Number and Street, lvd., Richardson, Texas 7508		e)	
Check Box(es) that [ ] Apply:	Promoter [X] Beneficial Owner	[] Executive Officer	[ ] Director [ ]	General and/or Managing Partner
Full Name (Last name firs				
	ddress (Number and Street, vd., Richardson, Texas 7508		e)	
Check Box(es) that [ ] Apply:	Promoter [X] Beneficial Owner	[] Executive Officer	[ ] Director [ ]	General and/or Managing Partner
Full Name (Last name firs Hoak Ventures, L				
	ddress (Number and Street, uite 1050, Dallas, Texas 752		e)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. IN	IFORMA	TION AI	воит о	FFERING	G				
	s the iss		, or does	s the iss	uer inten	d to sell	, to non-a	accredite	d investo	ors in this	s Y	es ]	No [ X
			Ansv	ver also	in Apper	ndix, Col	umn 2, if	filing un	der ULO	E.			
2. Wh	at is the	minimu	m invest	tment th	at will be	accepte	ed from a	ny indivi	dual?		\$	<u> </u>	<u>/A</u>
3. Do	es the of	fering p	ermit joi	nt ownei	ship of a	a single ι	unit?				Y	es l	No [ X
directi conne perso list the	y or ind ection win or age e name	irectly, a th sales ent of a of the br	ny com of secu broker o oker or	mission urities in or dealer dealer.	or similar the offer register of more t	ar remunering. If a red with han five	eration fa persor the SEC (5) perso	or solicit to be li and/or ons to be	will be pation of pation of sted is a with a sted is a risted a	purchase an assoc ate or st re assoc	ers in ciated tates, ciated		
Full N	ame (La	ıst name	first, if i	individua	al) N/A			·					
Busin	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)				
Name	of Asso	ciated E	Broker or	Dealer									
States	s in Whic	h Perso	n Listed	Has Sc	licited o	Intends	to Solici	it Purcha	sers			····	
									0010	ſ	] All	State	es
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]		[D]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	. , [MI]	[MN]	[MS]	_	MO]
[MT]	 [NE]	[NV]	 [NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	. , [OH]	[OK]	[OR]	_	PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	_	PR]
Full N	ame (La	st name	first, if i	individua	al)								
Busin	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)				
Name	of Asso	ciated E	Broker or	Dealer			***************************************						
States	in Whic	ch Perso	n Listed	l Has Sc	licited or	Intends	to Solici	t Purcha	sers				
(Chec	k "All	States"	or chec	k indiv	idual St	ates)				[	] All	State	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	- [HI]	ſ	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	. <i>1</i> [MD]	[MA]	[MI]	[MN]	[MS]		MO]
[MT]	[NE]	 [NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	. , [ND]	[OH]	[OK]	[OR]	-	PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]		PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [X] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	: !	
Type of Security  Debt	\$ <u>-0-</u> \$ <u>-0-</u>	Already Sold 375 \$ 376,875 \$ -0-
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases \$ 376,875
Non-accredited Investors	-0	\$
Total (for filings under Rule 504 only)	-0-	\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of Security	Dollar Amount Sold
Rule 505	N/A	\$
Regulation A	N/A	\$
Rule 504	N/A	\$
Total	N/A	\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$0
Printing and Engraving Costs	[]\$0
Legal Fees	[X] \$ <u>4,000</u>
Accounting Fees	[]\$0
Engineering Fees	[]\$0
Sales Commissions (specify finders' fees separately)	[]\$0
Other Expenses (identify)	[]\$0
Total	[X] \$ <u>4,000</u>

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ...........

\$ 372,875

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[ ]\$ <u>-0-</u>	[ ]\$0
Purchase of real estate	[ ]\$ <u>-0-</u>	[ ]\$0
Purchase, rental or leasing and installation of machinery and equipment .	[]\$0	[ ]\$0
Construction or leasing of plant buildings and facilities	[ ]\$ <u>-O-</u>	[ ]\$0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	d []\$ <u>-0-</u>	[ ]\$0
Repayment of indebtedness	ſ 1\$ -O-	[ ]\$ -O-
Working capital	[ ]\$ -0-	[X]\$ <u>372,875</u>
Other (specify):	[ ]\$0	[ ]\$0
Column Totals	[ ]\$0	[ ]\$0-
Total Payments Listed (column totals added)	[ ]\$ <u>-0-</u>	[X]\$ <u>372,875</u>

## D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
CapitalSoft, Inc.	John U.	August 11, 2004
Name of Signer (Print or Type)	Title of Signer (Prin	
Wayne Millsap	Chief Financial Off	ficer

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)